



ASTHMA MANAGEMENT PLAN

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| Responsibility: | Coordinating Superintendent, Human Resource Services |
| Legal References: | Ryan's Law 2015 MFIPPA PPM 161 |
| Related References: | Board Policy 1006 - Supporting Students With Prevalent Medical Conditions Board Policy 1008 - Equity and Inclusion AP 1460 – Administration of Medication |
| Revisions: | October 2022 |
| Reviewed: | October 2022 |

1. Preamble

- 1.1 **The following procedure is in compliance with Ryan's Law.** This procedure has been developed to ensure the safety of students who suffer from asthma; empower school administrators to respond to their needs; to develop consistent practices to support staff when responding; as well as recognize individual student differences.
- 1.2 The information that follows discusses the nature of asthma and provides guidelines and expectations regarding managing asthma. This includes reducing the risk of asthmatic attacks, inhaler use, emergency plans and related roles and responsibilities.

2. Purpose

- 2.1 To provide school personnel in the Waterloo Region District School Board with information that supports awareness regarding the nature and seriousness of asthma.
- 2.2 To provide strategies to reduce the risk and identify symptoms of asthmatic attacks.
- 2.3 To provide strategies for the management of students who have been identified as having asthma.

3. Definition

- 3.1 Asthma is a common condition where symptoms vary widely from person to person and from situation to situation. Every year, about 250 Canadians die from asthma. Most of these deaths could have been prevented with proper education and management.
- 3.2 Doctors define asthma as a "chronic inflammatory disease of the airway" that causes the following symptoms:
 - Shortness of breath
 - Chest tightness
 - Coughing
 - Wheezing
 - Can be mild, moderate or severe

- Can vary from person to person
- Can flare up from time to time and then not appear for long periods

4. Plan of Care - Alert Form

- 4.1 It is essential that the school develops a Plan of Care for each student who suffers from asthma and that all staff are aware of how to implement it. Each plan should be developed in conjunction with the student's parent(s)/caregiver(s) and summarized on the Plan of Care-Alert Form.

5. Roles and Responsibilities

5.1 Responsibilities of School Principals

The Principal will:

- 5.1.1 Each June obtain a list of students with asthma and their triggers from all feeder schools.
- 5.1.2 Identify students who are asthmatic from school registration/health forms.
- 5.1.3 Generate a Plan of Care and Alert Form by ensuring parent(s)/caregiver(s) provide all pertinent medical information.
- 5.1.4 Request medical documentation to confirm diagnosis **as needed** (i.e. letter from physician, evidence of a prescription).
- 5.1.5 Provide each teacher (at the beginning of each semester) with a copy of the Plan of Care – Alert Form for each student. The Plan of Care Alert Form should be stored in a readily accessible location so teachers and occasional teachers can have ready access, but not easily viewed by students, parent(s)/caregiver(s) or the general public.
- 5.1.6 Maintain a file for each student with asthma. The file must contain a copy of all of the forms mentioned above.
- 5.1.7 Train the school Emergency Response Team to provide further support to the Student with asthma in the event of a medical incident/emergency.
- 5.1.8 Post Plan of Care Alert Form in the staff room or work room and office and ensure that all staff could identify these students. To maintain the student's personal privacy, these forms must not be easily visible to students, parent(s)/caregiver(s), or volunteers.
- 5.1.9 Ensure adult supervision during nutrition or lunch breaks.

5.2 Responsibilities of Classroom Teacher

Classroom Teachers will:

- 5.2.1 Ensure a recent copy of the Plan of Care Alert Form is readily accessible in an organized, prominent and accessible format for occasional teachers or any other support staff.
- 5.2.2 Speak to each student and/or parent(s)/caregiver(s) to gain insight into the specific information and the history of the medical need.
- 5.2.3 Develop open lines of communication with the student and encourage the student to inform you when they feel the first symptoms or a general feeling of malaise.
- 5.2.4 Develop open lines of communication with the parent(s)/caregiver(s) (i.e., phone calls, a communication book, etc.) as necessary.
- 5.2.5 Ensure that the inhaler or prescribed medication is taken on field trips.
- 5.2.6 Provide a safe environment for the asthmatic student, particularly during nutrition breaks, class trips and special activities.

5.3 Parent(s)/caregiver(s) or Student (over the age of 18)

Parent(s)/caregiver(s) will:

- 5.3.1 Provide a confirmation of diagnosis when requested (letter from physician or evidence of prescription).
- 5.3.2 Provide the medication to be taken by the student when applicable.
- 5.3.3 Collaborate with the school to complete the required WRDSB medical Plan of Care.
- 5.3.4 Help their child develop advocacy skills, recognize symptoms/triggers and communicate when feeling unwell to a staff member.

6. Resources

- 6.1 [Canadian Lung Association](#)
- 6.2 [Ryan's Law - Ensuring Asthma Friendly Schools](#)
- 6.3 Appendix A - School Asthma Emergency Response Plan

SCHOOL ASTHMA EMERGENCY RESPONSE PLAN

| SIGNS & SYMPTOMS | | |
|--|--|--|
| MILD | SEVERE | |
| <ul style="list-style-type: none"> · Coughing (a constant cough may be the only warning sign and should be treated) · Breathing is difficult and fast · Complaining of chest tightness (child will describe this symptom in all sorts of ways) · Wheezing (a high pitched musical sound when breathing) · Restlessness · Irritability · Tiredness | <p>Any of the following may be observed</p> <ul style="list-style-type: none"> · Unable to catch their breath · Breathing is difficult and fast (x25 inspirations/min) · Ribs show during breathing (the skin between the neck and ribs is sucked in with each breath) · Not improving after taking reliever inhaler within 5-10 minutes · Can only say 3-5 words before needing to take another breath · Lips or nail beds blue or grey · You have ANY doubts about the child's condition | |
| WHAT TO DO | | |
| <ol style="list-style-type: none"> 1. Administer the reliever inhaler immediately <ul style="list-style-type: none"> · (the inhaler is usually blue in colour and opens the narrowed airway passages quickly) 2. Stay calm! Remain with and reassure the child <ul style="list-style-type: none"> · Asthma episodes are frightening...listen to what the child is saying 3. Tell the child to breathe slowly <ul style="list-style-type: none"> · Usually it is easier to sit up and lean slightly forward · Lying on their back is not recommended! · <u>Do not</u> have child breathe into a paper bag 4. Reliever inhaler should help within 5-10 minutes...if not: FOLLOW THE EMERGENCY INSTRUCTIONS FOR SEVERE EPISODES | <ol style="list-style-type: none"> 1. This is an emergency <p style="text-align: center;">CALL 911</p> 2. Give reliever inhaler immediately 3. Notify parent(s)/caregiver(s) 4. Continue to give the reliever inhaler every few minutes until help arrives 5. A student should always be taken to the hospital in an ambulance. School Staff should not take the student in their car as the student's condition may deteriorate quickly. <p><i>Information adapted from The Lung Association's Poster "My Child is Having an Asthma Episode: What are the Signs?"</i></p> | |
| AFTER THE EPISODE | | |
| <ul style="list-style-type: none"> · Notify parent(s)/caregiver(s) about the episode. · Minor asthma episodes should not · Interrupt a child's movement in school. As soon as the child feels better, s/he can return to normal activities. · If the child requires the inhaler again in less than four hours or if you have any concerns about the child's condition, medical attention should be sought. | <ul style="list-style-type: none"> · Record medication taken as per board policy. · Record activities to assist student. | |